

CLAIMS ONLY						Application Number <i>10/613038</i>	Filing Date				
						Applicant(s)					
* May be used for additional claims or amendments											
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	*	*	*
	Indep	Depend	Indep	Depend	Indep	Depend			Indep	Depend	Indep
1			/				51				
2				/			52				
3					/		53				
4						/	54				
5							55				
6							56				
7							57				
8			/				58				
9				/			59				
10					/		60				
11						/	61				
12							62				
13							63				
14							64				
15							65				
16							66				
17							67				
18							68				
19							69				
20							70				
21							71				
22							72				
23							73				
24							74				
25							75				
26							76				
27							77				
28							78				
29							79				
30							80				
31							81				
32							82				
33							83				
34							84				
35							85				
36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
Total Indep				2			Total Indep				
Total Depend			16				Total Depend				
Total Claims			18				Total Claims				